

Individual & Family Support Program Application Portal User Guide FY 2020



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SAVING THE IFSP ONLINE WEBSITE TO YOUR DESKTOP41

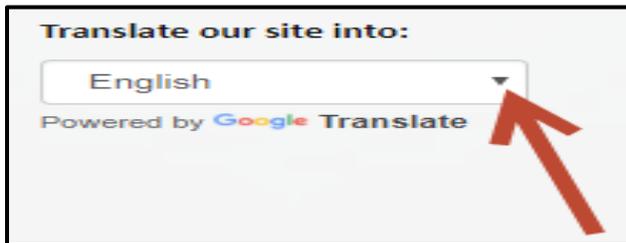
Before You Begin

Before you submit an application for this program, please verify that you or the individual you are submitting the application for is currently on the Developmental Disability (DD) Waiver Waiting List. You can verify this information by contacting your support coordinator/case manager at your local Community Services Board (CSB). To find your local CSB please visit <http://www.mylifemycommunityvirginia.org/>.

If at any point you need help completing the application or you have questions, please contact My Life, My Community/Senior Navigator at (844) 603-9248.

For Non-English Speakers

To see the application in another language, use the “**Translate our site into**” function in the bottom right corner of <https://ifsonline.dbhds.virginia.gov/>. Using the drop-down arrow, select the language you need. You do not need to change this back to English before saving your draft or submitting the application for review.



Spanish: Para ver la aplicación en otro idioma, use la función "Traducir nuestro sitio en" en la esquina inferior derecha de la página web. Usando la flecha desplegable, seleccione el idioma que necesita. No es necesario que vuelva a cambiarlo a inglés antes de guardar el borrador o enviar la solicitud para su revisión.

French: Pour voir l'application dans une autre langue, utilisez la fonction «Traduire notre site dans» dans le coin inférieur droit de la page Web. À l'aide de la flèche déroulante, sélectionnez la langue dont vous avez besoin. Vous n'avez pas besoin de changer cela en anglais avant de sauvegarder votre brouillon ou de soumettre la candidature pour révision.

Vietnamese: Để xem ứng dụng bằng ngôn ngữ khác, hãy sử dụng chức năng "Dịch trang web của chúng tôi vào" ở góc dưới cùng bên phải của trang web. Sử dụng mũi tên thả xuống, chọn ngôn ngữ bạn cần. Bạn không cần phải thay đổi điều này về tiếng Anh trước khi lưu bản nháp của bạn hoặc gửi đơn đăng ký để xem xét.

Step #1- Accessing the IFSP Application Portal

- The IFSP online application portal works best using the latest version of all common web browsers. The application portal is also optimized for mobile devices including tablets and smart phones.
- Type or copy/paste the following link into your browser: <https://ifsponline.dbhds.virginia.gov/>.
- The webpage you see will look like the one pictured below.
- The maximum amount of funds you may request for the program is \$1,000. The minimum amount is \$200.

Virginia.gov Log in Register Help

Individual and Family Support Program

The **Individual and Family Support Program (IFSP)** is designed to assist individuals on the DD Waiver Wait List and their families to access short-term, person/family centered resources, supports and services. These services and items funded through the IFSP are intended to support the continued residence of an individual in their own or family home in the community.

Quick Tips for the FY 2020

IFSP Funding Application

READ THIS FIRST

- To be eligible for IFSP-Funding, an individual must be on Virginia's Developmental Disability Waiver Waiting List and correctly identified in the Virginia Waiver Management System(WaMS) on the application submission date.
- The application is only available online at <https://ifsponline.dbhds.virginia.gov/>.
- The maximum award amount for FY 2020 is \$1,000. The minimum amount is \$200.

FY 2020 Application Schedule

Access the application and save a draft	September 9, 2019
Complete and save a draft	September 9 th to 30 th
First day to submit an application	October 1, 2019 at 9:00 AM
Last day to submit an application	October 11, 2019 at 5:00 PM

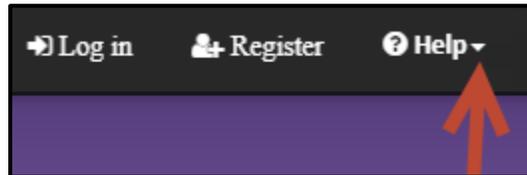
Steps for How to Apply

- Create a user profile at <https://ifsponline.dbhds.virginia.gov/>. You do not need to do this if you already have one.

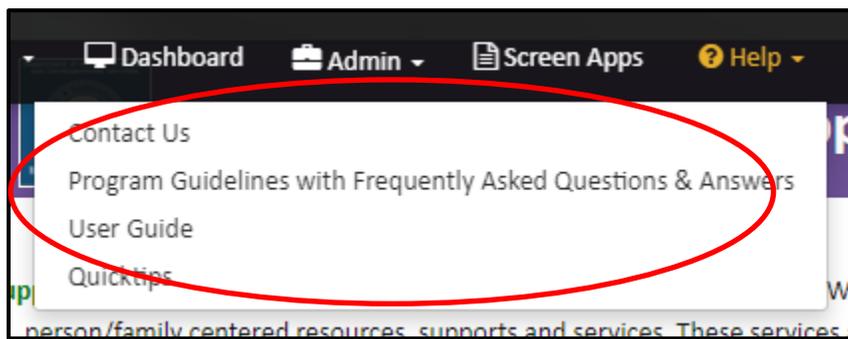
Maximum Request Amount
\$1,000.00
Maximum amount an applicant can apply for.

Getting Help

- If at any point you need help, select the down arrow next to the word “**Help**” listed in the top bar of the web page as shown below.

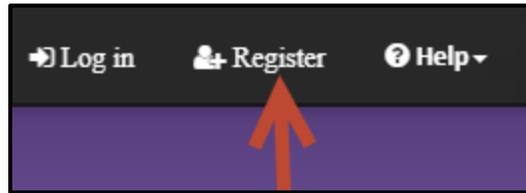


- A drop-down list with several links will appear. You may select any of the options to open the webpage you need.



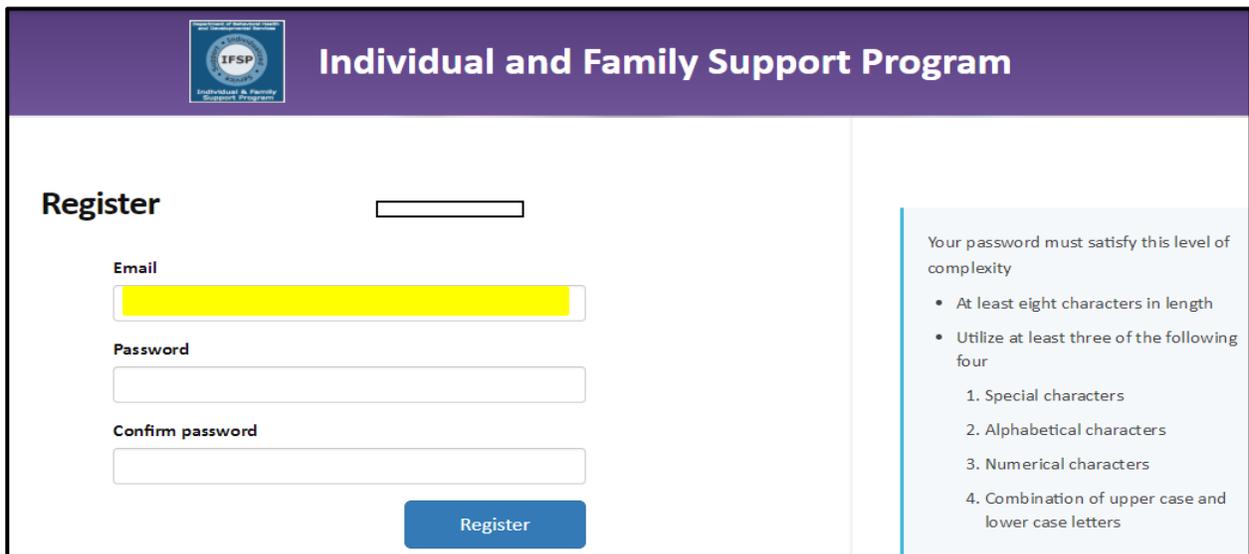
Step #2- Registering to Fill Out an Application

- Click the link in the top right corner of the page that says “**Register**”. See the picture below as a guide. This will begin the registration process for submitting an online application.



- After you click “**Register**”, you will see the screen in the picture below. Please register using the information for the Responsible Party. The Responsible Party is the person submitting an application for an individual who is on the DD Waiver Waiting List and who will be responsible for the received funds.

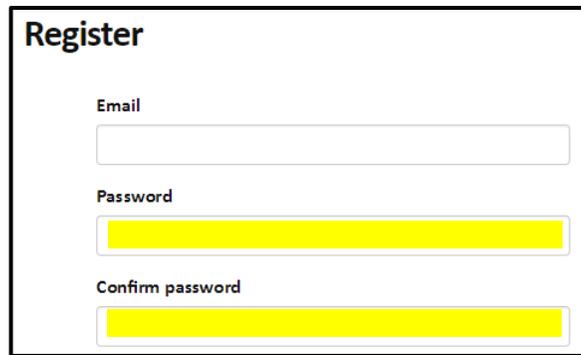
NOTE: You only need to register **ONCE** to log in to the IFSP Application Portal. If you have previously registered, you should use that same login. One person may submit applications for multiple individuals using the same login information. If you forgot your login information or no longer have access to the previously registered email address, please either reset your password or register using any email address that you regularly check.

A screenshot of the IFSP registration page. The header is purple with the IFSP logo and the text 'Individual and Family Support Program'. The main content area is white. On the left, there is a 'Register' section with a small empty box at the top, followed by three input fields: 'Email' (highlighted in yellow), 'Password', and 'Confirm password'. A blue 'Register' button is at the bottom. On the right, there is a light blue box with a password complexity guide: 'Your password must satisfy this level of complexity' followed by a list of requirements: 'At least eight characters in length' and 'Utilize at least three of the following four' (Special characters, Alphabetical characters, Numerical characters, Combination of upper case and lower case letters).

- You will need a valid email address. Please make sure this is an email address that you check regularly. Type your email address in the “**Email**” field, highlighted in yellow. Check to make sure you have typed it correctly since this is the email address that the IFSP staff will use to send all communication about your application(s). See the picture below as a guide. This email address

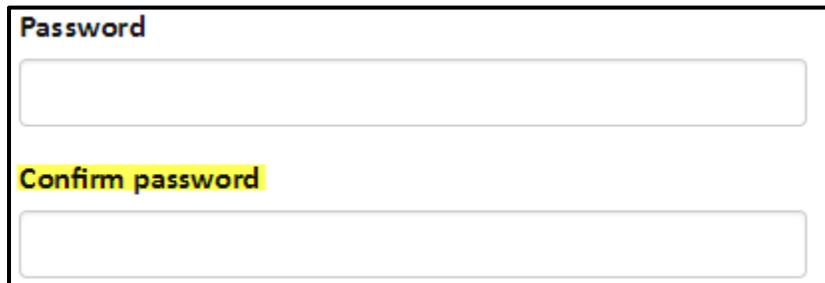
will be used and stored in the IFSP Application Portal to allow you to access the online Application Portal.

- After you type in your email address, create a password for accessing the Application Portal. Your password needs to meet all of the following requirements:
 - At least eight characters in length
 - Utilize at least three of the following four:
 - Special characters,
 - Alphabetical characters,
 - Numerical characters, and
 - Combination of upper case and lower case letters.



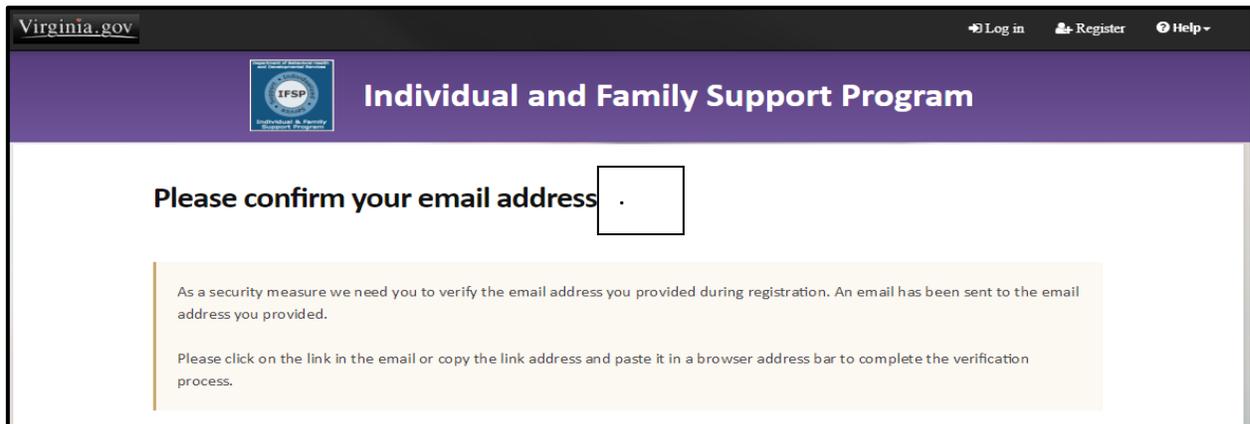
The image shows a registration form titled "Register". It contains three input fields: "Email", "Password", and "Confirm password". The "Password" and "Confirm password" fields are highlighted in yellow.

- The requirements for your password are also listed on the right side of the webpage for quick reference.
- Once you have created your password, you will need to re-enter the same password into the field titled "**Confirm Password**".



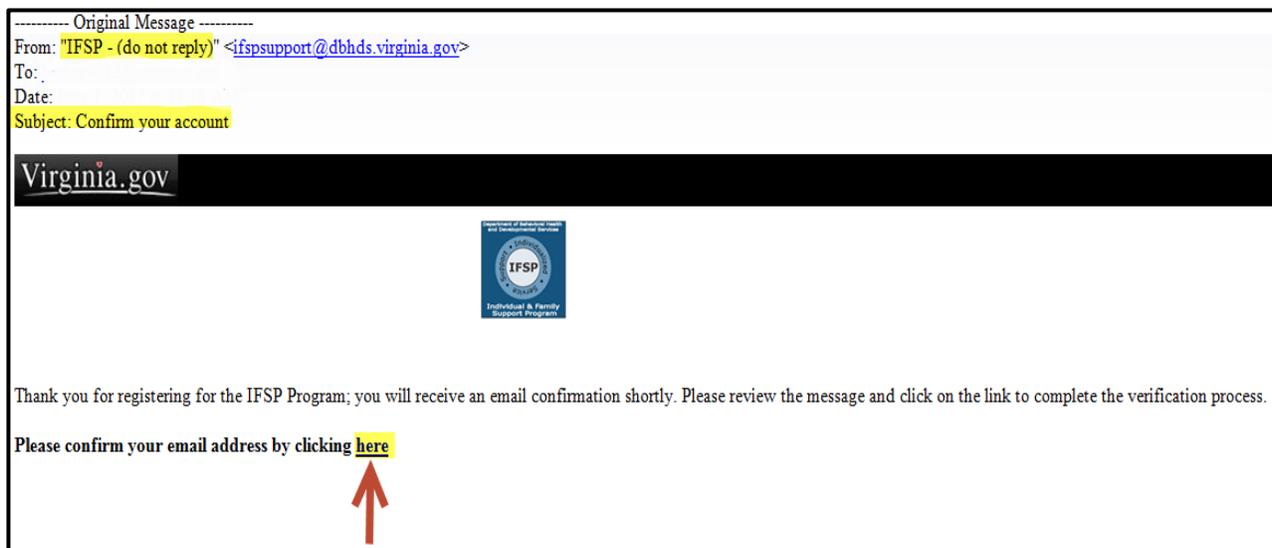
The image shows two input fields: "Password" and "Confirm password". The "Confirm password" field is highlighted in yellow.

- After you have created a password and entered an email address, you will see a confirmation screen. The message will say that you will receive an email with instructions on how to confirm your email address.



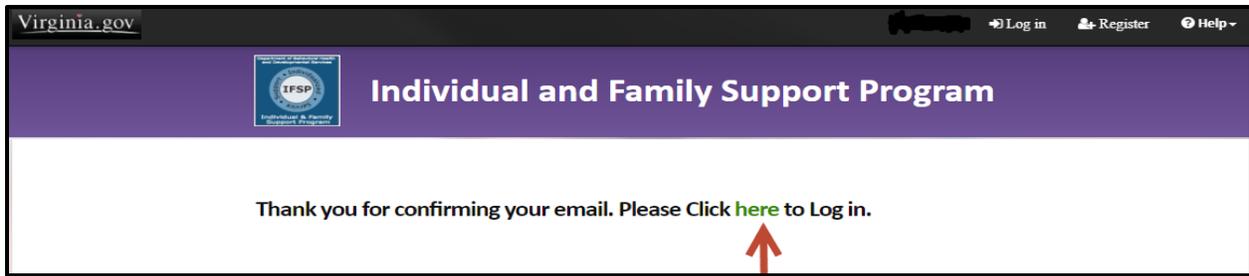
Confirming Your Account

- Confirming your email is the last step of the registration process. Go to your email mailbox. Look for a message from “**IFSP- (do not reply)**” with the subject line of “**Confirm Your Account**”. The email will look like the example below.
- Included in this message is a link titled “**here**”. Click the link to confirm your email address and complete your registration. The red arrow in the image below shows where the link is.

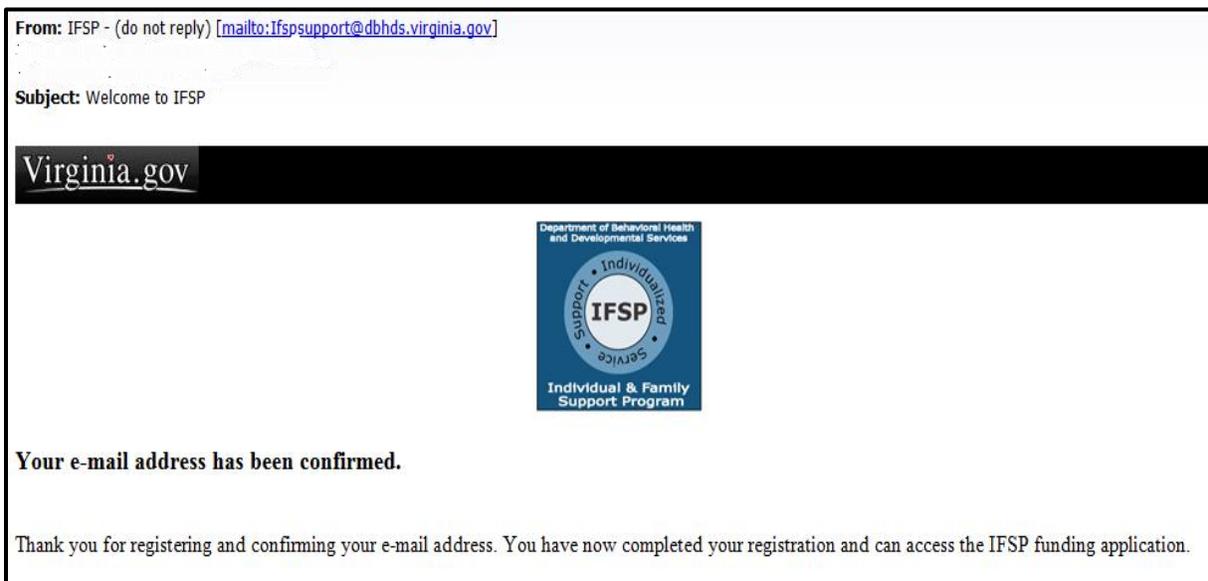


- Once you click the “**here**” link, you will see another pop-up to let you know that this process is completed and you are now able to log in to the portal using your email address and password.

See the example below:



- After you follow the steps to confirm your email address, you will also get a “Welcome to IFSP” email letting you know that you have successfully registered. A sample message is pictured below.



- You are now registered in the system. To log in to the IFSP Application Portal use the email address and password you just created.

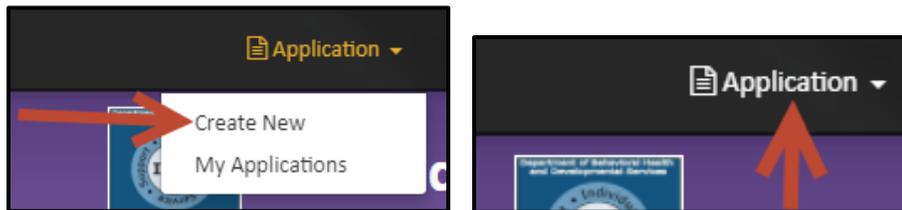
NOTE: If you forget your password, click on the “Forgot Password” link that is located on the main login page.

A screenshot of the IFSP Application Portal login form. The form is titled "Log In" and contains two input fields: "Email:" and "Password:". Below the "Password:" field is a link that says "Forgot your password?". A red arrow points to this link. At the bottom right of the form is a blue "Login" button.

Step #3- Creating and Drafting a New Application

NOTE: For security purposes, the application portal will **time-out after 30 minutes of inactivity**. Be sure to save draft applications so you do not lose what you have entered. If you think you will need more time, you may want to print an application.

- After logging in, select “**Application**” located on the top black ribbon of the main page. When you click the word “**Application**”, a drop-down list will appear. Choose “**Create New**” application. See images below.



NOTE: For returning users who have saved an application: Click “**My Application**” to view any applications that you have already saved.

- After you click “**Create New**”, a new IFSP application will appear. See the image below for an example.

- When you see this screen, you may begin to fill out your new application.

Part I- Applicant Information

There are five parts of the IFSP application that need to be filled out and a program agreement that must be completed to successfully submit an IFSP-Funding Application. The first part asks for information about the individual who is currently on the DD Waiver Waiting List.

IFSP Application Form (FY20)

Please fill in each of the sections of the form below. You must complete every section of the form before submitting.

- Click on each collapsed section header (or down arrow) to show/hide the section controls
- Use the NEXT button in each section to validate the data in that section before proceeding to the next section.

- When you click on the bolded “**APPLICANT INFORMATION**”, the section will open for you to begin entering the information about the individual who is on the DD Waiver Waiting List.
- Fill out each of the fields listed on the page. Remember, the information you are entering is about the **individual on the DD Waiver Waiting List**. Enter the individual’s first, middle, and last name. Be sure to type each entry into the corresponding field correctly (upper case first letter, spelling) and as it was entered on the DD Waiver Waiting List. This is how the Applicant’s name will be listed and saved within the IFSP Application Portal for future reference.

First Name	Middle Name	Last Name
Example	Example	Example

- Next, type the Applicant’s date of birth, Social Security Number, and gender. **Be sure to use the same format as the example below.**

Date Of Birth [mm/dd/yyyy]	Social Security Number [No Dashes]	Gender:
08/06/2008	123456789	<input checked="" type="radio"/> Male <input type="radio"/> Female

NOTE: The system will not accept answers that are not formatted correctly.

- Next, type the Applicant’s street number and name in the “**Address Line 1**” field. If there is an apartment or suite number, enter this information in the “**Address Line 2**” field.

Address Line 1 <input type="text" value="12345 Example Street"/>
Address Line 2 <input type="text" value="Apt. C"/>

- Next, type the Applicant’s zip code in the “**Zip Code**” field. Next, type the Applicant’s city in the “**City**” field.

Zip Code

City

NOTE: The Applicant’s zip code and city needs to be entered manually into each field and will NOT automatically populate the city when the zip code is entered. Please double-check to make sure both the zip code and city are correct.

- Enter a “**Home Phone**” number and/or a “**Mobile Phone**” number for the Applicant. An example is pictured below. Do not use any dashes between the numbers.

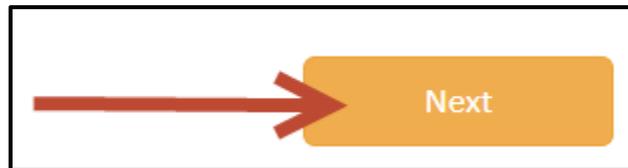
NOTE: The responsible party is who the IFSP will contact if there are questions about the application.

Select the best telephone number to reach you:

Home Phone Mobile Phone

no dashes needed

- Review all of the information you have entered on this page to make sure it is correct, and then select the “**Next**” button in the bottom right corner.



NOTE: You will be able to make changes to this and any of the other sections before you submit the final version of your application. See “**Editing Your Application**” for instructions on how to do this.

Part II- Responsible Party

This section is about the person who is responsible for receiving the Applicant’s IFSP funds and purchasing the requested items/services.

PART II: RESPONSIBLE PARTY

The individual or person filling out this application on behalf of the applicant, who will be responsible for IFSP funds.

- Fill out each of the fields listed on the page. You will need the Responsible Party’s first, middle, and last name. Be sure to type each entry into the corresponding field correctly (upper case first letter, spelling). This is how the person’s name will be listed and saved.

First Name	Middle Name	Last Name
Sample	Sample	Sample

- Fill out the Responsible Party’s date of birth, Social Security Number, and gender. Be sure to use the format in the example below.

Date Of Birth [mm/dd/yyyy]	Social Security Number [No Dashes]	Gender:
05/01/1974	234567890	<input type="radio"/> Male <input checked="" type="radio"/> Female

- Fill out the Responsible Party’s street number and name in the “**Address Line 1**” field. If there is an apartment or suite number, enter this information in the “**Address Line 2**” field.

Address Line 1
2500 Park Street
Address Line 2
Apt. A

- Type the Responsible Party’s zip code in the “**Zip Code**” field. Next, type the Applicant’s city in the “**City**” field.

Zip Code	City
<input type="text" value="23228"/>	<input type="text" value="Richmond"/>

NOTE: The Applicant’s zip code and city needs to be entered manually into each field and will NOT automatically populate the city when the zip code is entered.

- Enter a “**Home Phone**” number and/or a “**Mobile Phone**” number for the Responsible Party. Choose which phone number is best for contacting the Responsible Party in case the IFSP staff has questions, and then check the corresponding box. An example is pictured below. Do not use any dashes between the numbers.

Select the best telephone number to reach you:

<input type="radio"/> Home Phone	<input checked="" type="radio"/> Mobile Phone
<input type="text"/>	<input type="text" value="8041234567"/>

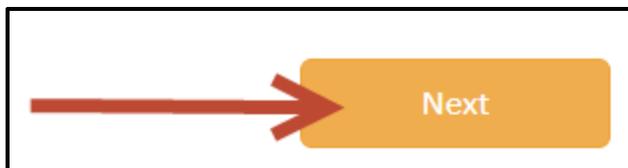
no dashes needed

- Next, enter an email address for the Responsible Party in the “**Email Address for Correspondence**” field. You will be asked to enter the information twice to confirm the email address.

Email Address for correspondence:

NOTE: Enter in the email address that you want IFSP staff to communicate and send any messages, questions, or answers to about this application. All communication will be sent through email, so be sure you use an email address you check regularly. Please review it carefully to ensure that you have typed it in correctly.

- Review all of the information you have entered on this page to make sure it is correct, and then select the “**Next**” button in the bottom right corner.



NOTE: You will be able to make changes to this and any of the other sections before you submit the final version of your application. See **“Editing Your Application”** for instructions on how to do this.

Part III- Relationship Information

The next section is also about the Responsible Party.

- If the Responsible Party is the **SAME PERSON** as the Applicant, then you will need to check the first box as seen below.

I am an individual with a developmental disability who is on a waiting list for services. 

- If the Responsible Party is **NOT THE SAME PERSON** as the Applicant, then you will need to check the second box as seen below:

I am a family member of a child or individual with a developmental disability who is on a waiting list for services 

- The next question is about whether or not the Responsible Party lives with the Applicant. The Responsible Party does not have to live with the Applicant but a description needs to be provided if they do not live in the same household.

If you are a family member, does the individual live with you on a permanent basis?

Yes No If no, please give details:

- Use the section shown below to describe the relationship the Responsible Party has with the Applicant.

If you listed yourself above as a family member, what is your relationship to the individual for which you are applying?

<input checked="" type="radio"/> Mother	<input type="radio"/> Father	<input type="radio"/> Principal Caregiver
<input type="radio"/> Stepmother	<input type="radio"/> Stepfather	<input type="radio"/> Legal Guardian
<input type="radio"/> Wife	<input type="radio"/> Husband	<input type="radio"/> N/A(Not Applicable)
<input type="radio"/> Grandmother	<input type="radio"/> Grandfather	<input type="radio"/> Other
<input type="radio"/> Sister	<input type="radio"/> Brother	<input type="text"/>

- Review all of the information you have entered on this page to make sure it is correct, and then select the “**Next**” button in the bottom right corner.



NOTE: You will be able to make changes to this and any of the other sections before you submit the final version of your application. See “**Editing Your Application**” for instructions on how to do this.

Part IV- Assistance and Resources

This section helps the IFSP staff understand the assistance and financial resources the Applicant currently uses. This information will help DBHDS collect data on ways to better assist individuals on the DD Waiver Waiting List.

- On the “**Assistance and Resources**” page, select the best answer that describes how you learned about IFSP.

How did you hear about the Individual and Family Support Program?

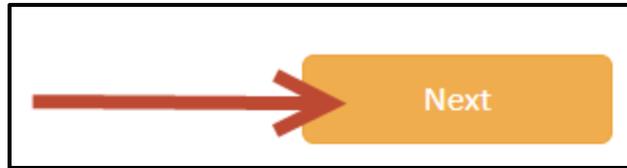
<input checked="" type="radio"/> Case Manager/Support Coordinator	<input type="radio"/> Consumer Directed Services Facilitator
<input type="radio"/> Center for Independent Living	<input type="radio"/> List serve
<input type="radio"/> Parent/Advocacy Group	<input type="radio"/> Website
<input type="radio"/> DBHDS Website	<input type="radio"/> Other

- Next, select any assistance the Applicant is currently receiving. Check all that apply.

Are you currently receiving other financial assistance?
Select all that apply.

<input type="checkbox"/> Private Insurance	<input type="checkbox"/> Special Education Services (Part B)
<input type="checkbox"/> TriCare Military Insurance	<input type="checkbox"/> Local Community Service Board Family Support Funding
<input type="checkbox"/> Medicare	<input type="checkbox"/> EDCD Waiver
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Tech Waiver
<input type="checkbox"/> Insurance Settlement	<input type="checkbox"/> Employment
<input type="checkbox"/> Center for Independent Living	<input type="checkbox"/> None
<input type="checkbox"/> Comprehensive Services Funding (FAPT)	<input type="checkbox"/> Other
<input type="checkbox"/> Early Intervention Services (Part C)	

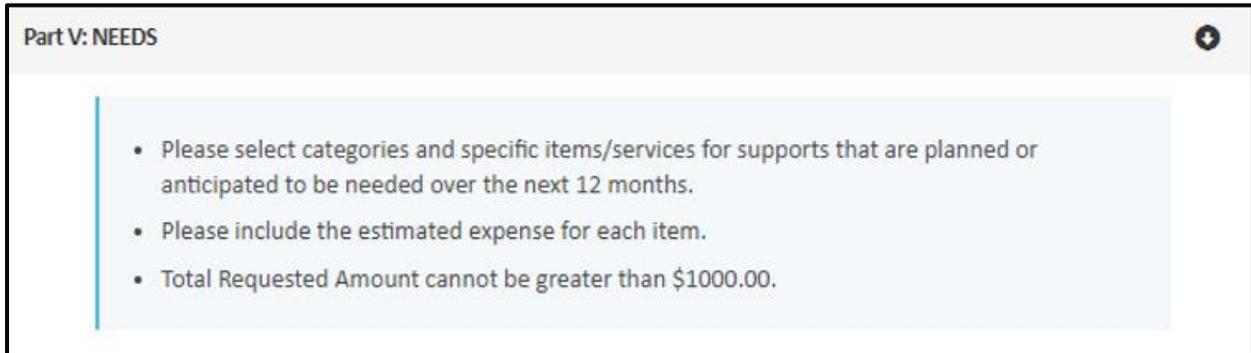
- Review all of the information you have entered on this page to make sure it is correct, and then select the “**Next**” button in the bottom right corner.



NOTE: You will be able to make changes to this and any of the other sections before you submit the final version of your application. See “**Editing Your Application**” for instructions on how to do this.

Part V- Needs

Use this section to describe what the Applicant needs the IFSP funds for.

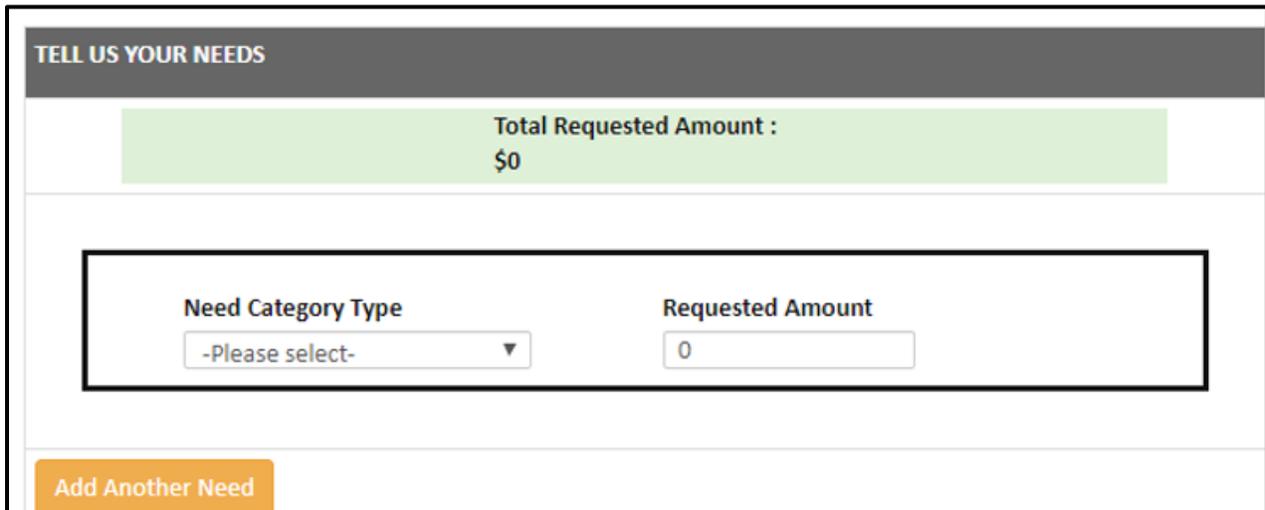


Part V: NEEDS

- Please select categories and specific items/services for supports that are planned or anticipated to be needed over the next 12 months.
- Please include the estimated expense for each item.
- Total Requested Amount cannot be greater than \$1000.00.

- To see a complete listing of eligible needs that may be supported with IFSP-Funding, please see the IFSP Program Guidelines.

Select the drop-down menu titled “**Needs**” to find the item that the Applicant will purchase with IFSP funds. Then select the item in the drop-down menu.



TELL US YOUR NEEDS

Total Requested Amount :
\$0

Need Category Type	Requested Amount
-Please select-	0

Add Another Need

- Once you have selected the “**Need Category Type**”, enter the approximate cost of the item in the “**Requested Amount**” field.
- The amount you enter into the “**Requested Amount**” field will automatically be added to the number listed in the “**Total Requested Amount**” ribbon of this section, as shown in the next picture.

TELL US YOUR NEEDS

Total Requested Amount : \$500

Need Category Type
-Please select-

Requested Amount
500

- If the Applicant is requesting more than one item, click on the “Add Another Need” button on the bottom left side of the section, as pictured below.

TELL US YOUR NEEDS

Total Requested Amount : \$500

Need Category Type
Transportation services

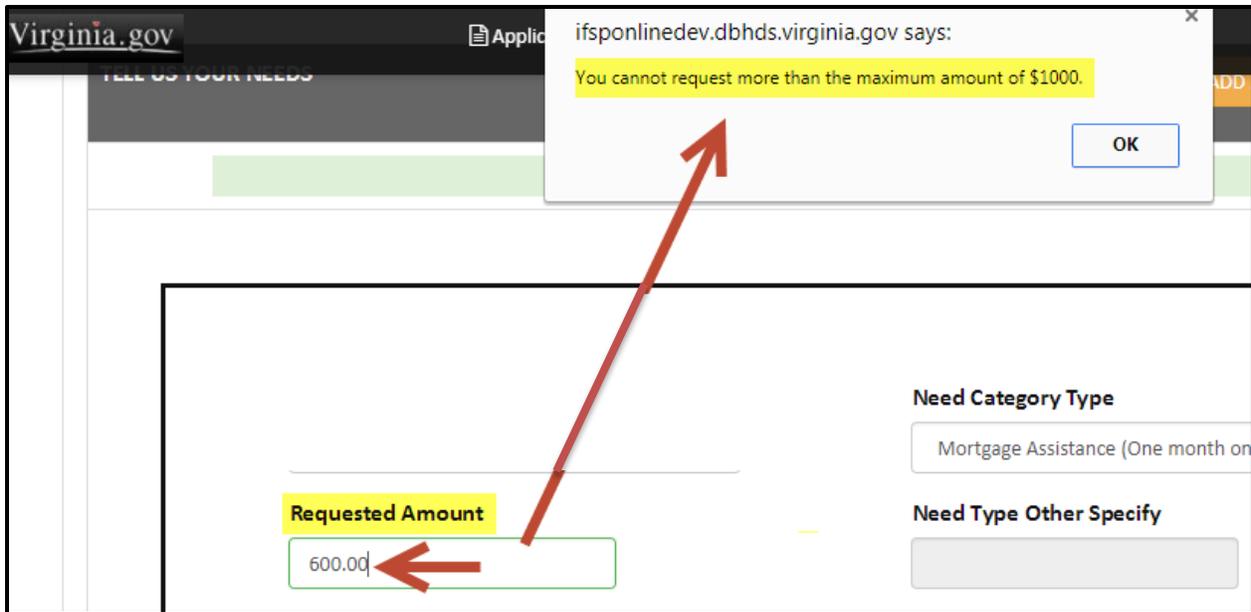
Requested Amount
500.00

Add Another Need

Click here to add another 'need'.

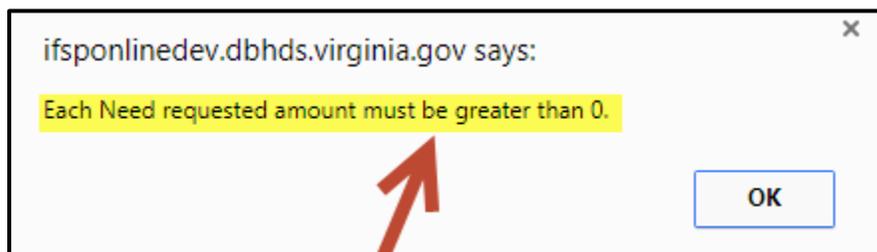
Next

NOTE: The total minimum amount you may request is \$200. The maximum amount you may request is \$1,000. If the amount you are entering into the “Requested Amount” field is more than the total allowed amount for the program, you will get a pop-up message/alert letting you know that you are going over the annual funding limit.

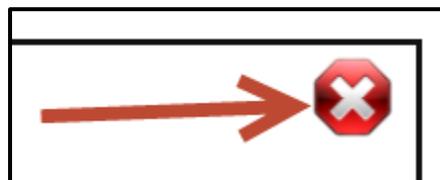


- To change a request that is more than the annual limit, click “OK” on the pop-up message. The “Requested Amount” field will remove the amount you entered and allow you to enter a new amount that is within the maximum amount allowed for this program.

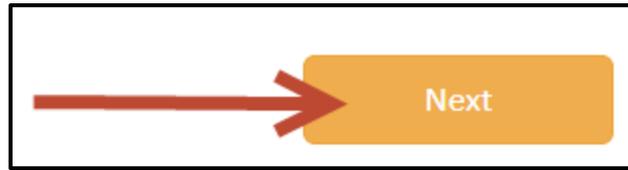
NOTE: Each “Need” entered must be more than \$0. Amounts \$0 or less will return an error message like the one below.



- In the event you ever need to delete a “Need” that you have entered, just click on the “X” that is located next to the specific need section, as seen below:



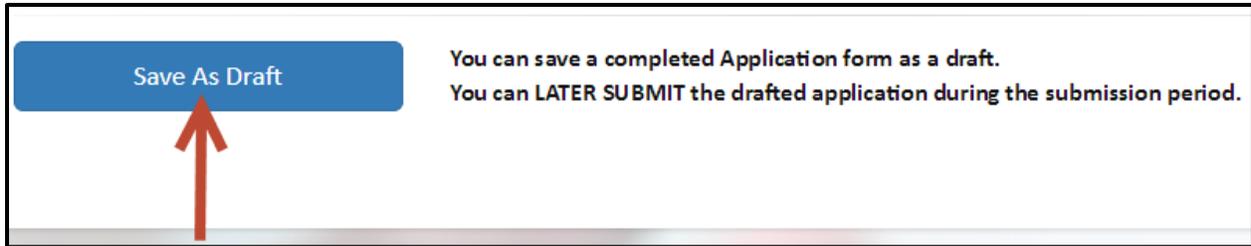
- Review all of the information you have entered on this page to make sure it is correct, and then select the “**Next**” button in the bottom right corner.



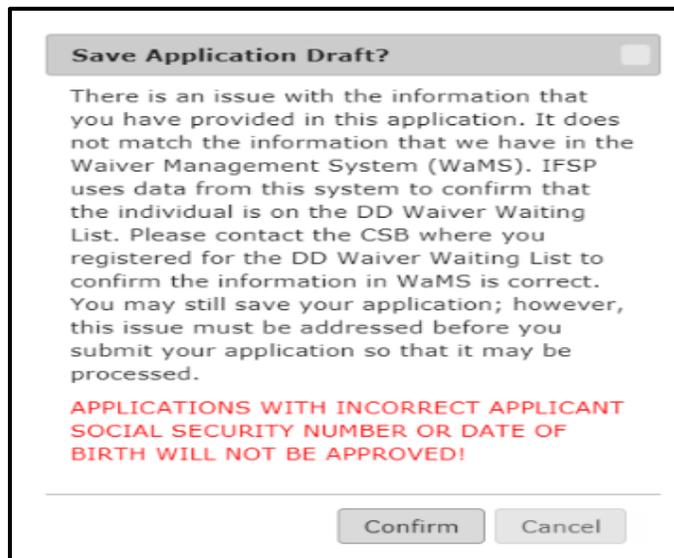
NOTE: You will be able to make changes to this and any of the other sections before you submit the final version of your application. See “**Editing Your Application**” for instructions on how to do this.

Saving a Draft of Your Application

- If you are only saving a draft of your application, click the “**Save As Draft**” button as seen below.

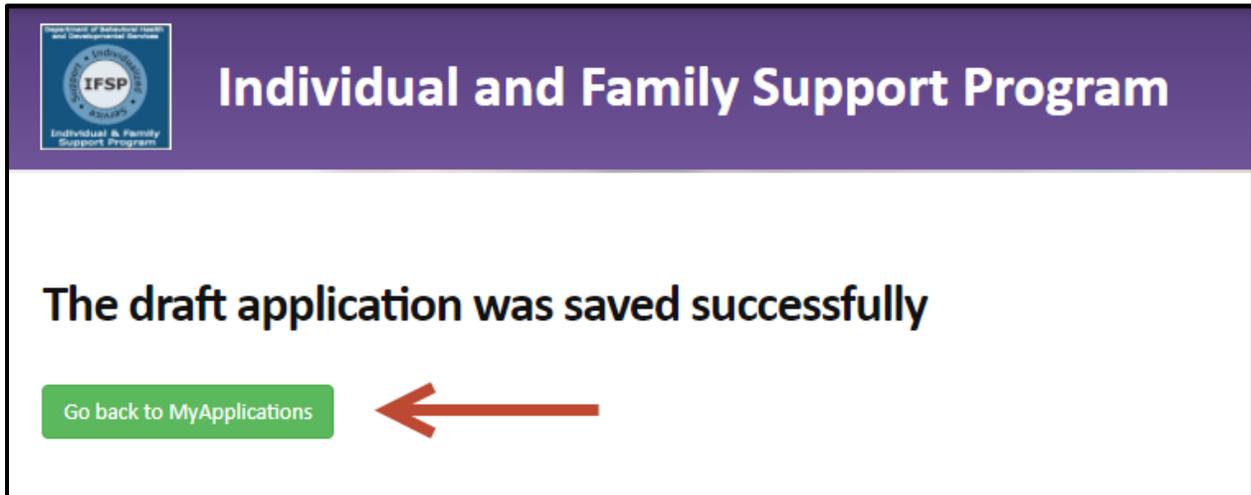


- This will save a draft of the application you just finished. You will be able to go back and edit your draft any time before you submit. Remember, you will not be able to submit a draft before the submission period opens. Once a draft is submitted, you cannot make changes to it. Please contact ifspsupport@dbhds/virginia.gov if you have any questions or concerns.
- When you save a draft application, the IFSP Portal automatically checks Virginia’s DD Waiver Waiting List to verify that the applicant is on the list. If there is an issue with the information, you will receive the following error message.



- If you receive this message, **it is critical that you contact your local CSB to verify the information that you provided on the IFSP application is listed the same way in Waiver Management System (WaMS).**

- If you have accidentally mistyped your information, please go back and correct your application. After you have made edits, the system will check the information again when you select “Save As Draft”.
- Once you have saved your drafted application, you will receive the confirmation message pictured below.



- If you select the option to “**Go Back to My Applications**”, you will be returned to the list of your saved applications in the IFSP Application Portal.

Delegating an Application for Someone Else to Submit

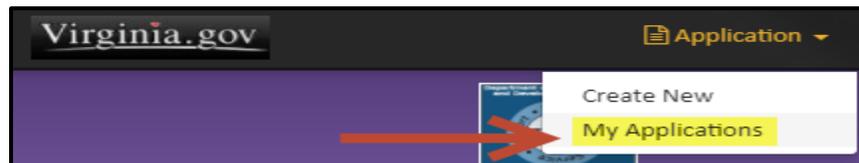
Starting in FY 2020, Responsible Parties can designate someone to submit a saved draft of an application on their behalf. This functionality may be useful to case managers who work with applicants during the "Save Draft" period. This will allow the case manager to log in to the system to submit a saved draft for the applicant on the first day of submission.

The delegate must have a registered login in the IFSP Portal. Please be sure to check with the person who you are delegating to submit your application to make sure he or she has an IFSP login.

You may only have one delegate per application. Also, once you delegate an application, you must remove the delegation if you change your mind and decide to submit the application yourself. This section will explain how to delegate an application, confirm a delegation, and remove a delegate.

NOTE: Applicants will not be able to delegate an application once the submission period begins.

- To delegate a draft application select "**Application**" from the menu on the ribbon at the top of the page. Click the "**My Applications**" option in the drop-down menu as shown in the image below.



- Once on the “My Applications” page, you will see a list of your saved applications. Under the “Delegation” column, click on the green “Add” button for the application that you want to delegate. The picture below is an example.

My Applications

Below is the list of applications created by you using this application. Click on the Resume link to continue filling a draft application.

Draft Applications

Applicant First Name	Applicant Middle Name	Applicant Last Name	FY	Last Modified Date	Edit	Delete	Delegation	Del. Status
iPhone		Chrome	FY20	8/30/2019 8:51:02 AM	Resume		Add	

- When you have selected the application that you would like to delegate, review the message. Be sure to confirm in advance that the person who will be the delegate has a valid email address in the IFSP system and he/she knows you want them to submit the application on their behalf.

Delegate Application

Applicants can designate someone to submit a saved draft of an application on their behalf. This functionality may be useful to case managers who work with applicants during the "Save Draft" time frame. This will allow the case manager to log into the system to submit a saved draft for the applicant on the first day of submission.

Please remember the following when setting up a delegate.

1. The person being delegated must have a registered login in the IFSP Portal before a delegation request can be sent.
2. The applicant should communicate with the delegate in advance of the submission date to ensure that the delegate knows that the applicant is submitting the application on their behalf.
3. The Responsible Party must agree to the IFSP-Funding Program Guidelines and sign the application. The delegate is not responsible for making sure that the Responsible Party complies with the program guidelines.
4. The delegate must accept the responsibility. Once a delegate is identified, the delegate will receive a confirmation email to which he or she must confirm. If the delegate does not confirm, the delegate will not be able to submit the application.
5. Responsible parties may still submit their application even if it has been delegated to another person. However, only one application will be submitted.
6. Applicants will not be able to delegate an application once the submission period begins.
7. Once the "Delegate App" button is clicked, the Responsible Party will be required to sign the application to complete the process.

Email Address for Delegation:

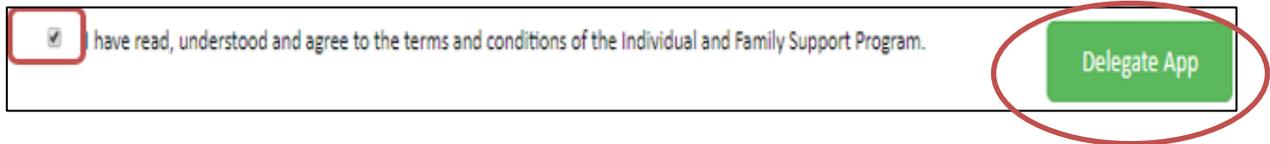
Confirm Email Address:

I have read, understood and agree to the terms and conditions of the Individual and Family Support Program.

Delegate App

Enter email address for the delegate here and confirm. If the delegate does not have an IFSP Portal login, an error message will appear.

- Enter the email address of the person who you are delegating to submit your application. If you have more than one application, you must delegate each application if you want to have someone else submit them.
- After you enter the email address and confirm, be sure to check the box to indicate that you agree to comply with the IFSP Program Guidelines, and click the “**Delegate App**” button. The box below shows the check box.

A screenshot of a form element. On the left, there is a small square checkbox with a checkmark inside, enclosed in a red rectangular box. To the right of the checkbox is the text "I have read, understood and agree to the terms and conditions of the Individual and Family Support Program." On the far right of the form element is a green rectangular button with the text "Delegate App" in white. This button is also enclosed in a red oval.

- Once the Delegate App button is selected, you will be asked to sign the application by typing your name in the signature box.
- The delegate now has the ability to submit the application on your behalf. When the delegate does submit the application, both the delegate and the Responsible Party will receive the email confirmation that the application has been submitted.
- Click the box to indicate that you agree to follow the program rules. Once the box is clicked, you will see a field that allows you to sign the application by typing your name.

Agree and Sign

READ THE AGREEMENT BELOW CAREFULLY:

This is an agreement between the Applicant/Responsible Party and DBHDS. The Applicant is eligible only if the individual with an intellectual or developmental disability is residing in his own home or the family home and is on Virginia's Developmental Disability (DD) Waiver Waitlist.

The Applicant agrees as follows:
The Applicant acknowledges that the IFSP funds are

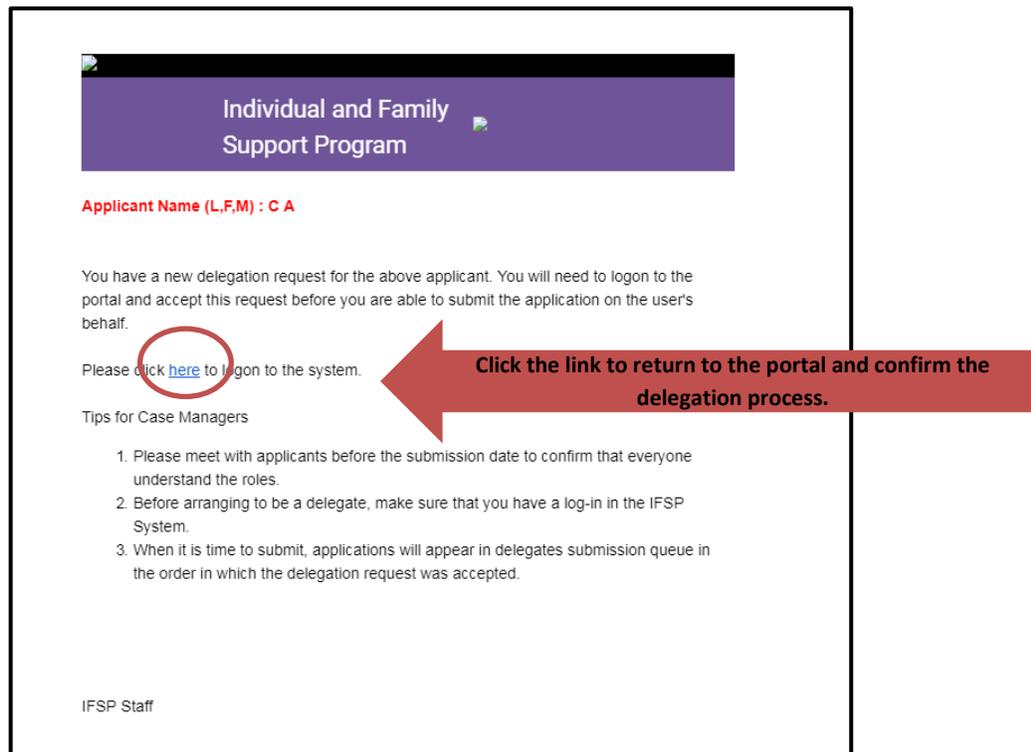
I have read, understood and agree to the terms and conditions of the Individual and Family Support Program and affirm that all the information provided in this application is true and accurate to the best of my knowledge.

Please sign below by **TYPING your name.**

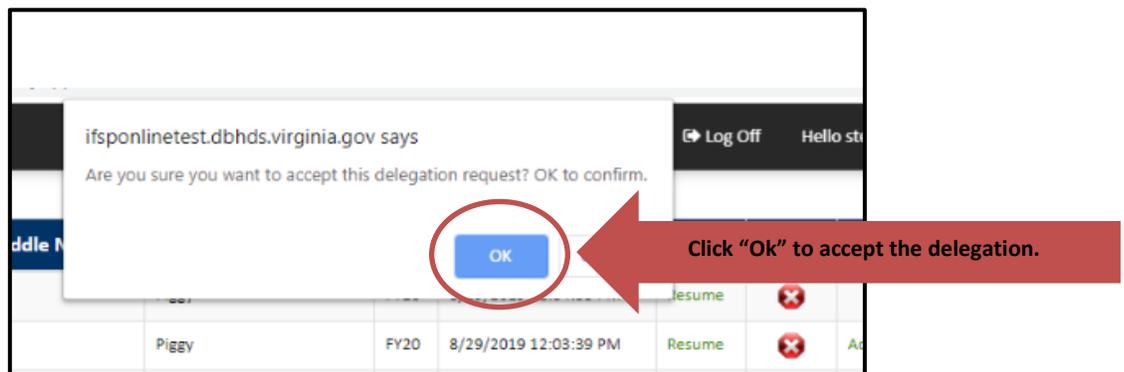
Cancel

Accepting Delegation of an Application

- If you delegate an application for someone else to submit for you, they must accept the delegation responsibility. Once you delegate an application, the delegate will receive a confirmation email with a link to the IFSP Portal. The delegate will need to log in to the portal to accept the delegation in order to complete the process.
- Below is an example of the confirmation email with the link that the delegate will receive.



- The link will take you to the IFSP Portal and the Delegate will need to log in to the system. Once logged in, the delegate will see the following pop-up message.



- Once the Delegate accepts the responsibility, the status will change and the delegation status will show as **“Accepted”** in the Delegates view under **“My Applications”**.

Delegated Applications

Applicant Name (L F M)	Email Address	FY	Date Requested	Date Accepted	Delegation	Submit
Test			9/4/2019 11:55:37 PM		Accept	
Frog			9/4/2019 11:55:37 AM		Accept	

Note: A red arrow points to the table with the text "This is the Delegate's view." and a red circle highlights the "Accept" buttons in the Delegation column.

- The Responsible Party will see the following when reviewing applications under **“My Applications”**. The delegated application will show as **“Delegated”** under the **“Del. Status”**.

My Applications

Below is the list of applications created by you using this application. Click on the Resume link to continue filling a draft application.

Draft Applications

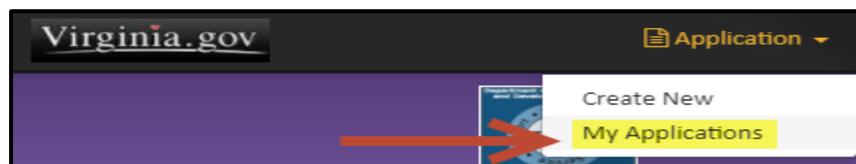
Applicant First Name	Applicant Middle Name	Applicant Last Name	FY	Last Modified Date	Edit	Delete	Delegation	Del. Status
Kermit		Frog	FY20	9/4/2019 11:55:37 PM		✖	Edit	Delegated

- When it is time to submit, applications will appear in the Delegate’s submission queue in the order in which the delegation request was accepted. Delegates can review instructions under **“Submit An Application”** for instructions on how to submit.

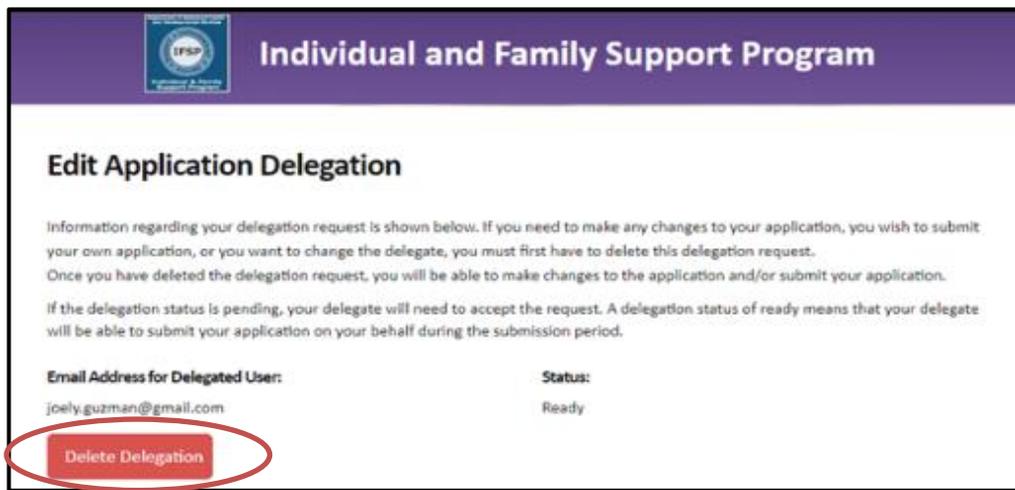
Removing a Delegation to Edit an Application

Once you create a delegation you cannot edit your application unless you remove the delegation.

- To remove a delegation, log into the portal and select **“My Applications”**.



- Once on the “**My Applications**” page, you will see a list of your delegated applications. Under the “**Delegation**” column, click on the green “**Edit**” button for the application that you want to edit.
- You will see the “**Edit Application Delegation**” screen. Click the “**Delete Delegation**” button to remove the delegation. The button is circled below.
- Once the delegation is removed you may edit your application and save any changes. If you want to restore the delegation, please repeat the directions for delegating an application.



- When a delegation is removed, the following is the confirmation message that will be sent to the delegate.

Individual and Family Support Program

Applicant Name (L,F,M) : C A

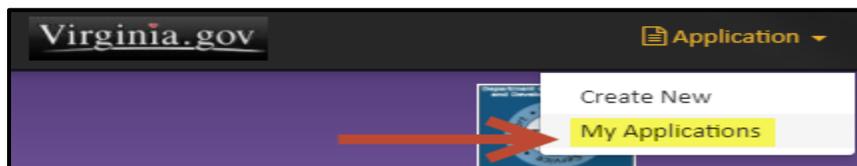
The delegation request for the above applicant has been removed. You no longer have the ability to submit this application. The applicant will need to create a new delegation request in order for the application to be delegated again.

Tips for Case Managers

1. Please meet with applicants before the submission date to confirm that everyone understand the roles.
2. Before arranging to be a delegate, make sure that you have a log-in in the IFSP System.
3. When it is time to submit, applications will appear in delegates submission queue in the order in which the delegation request was accepted.

Editing a Draft of Your Application

- To edit a draft application, select **“Application”** from the menu on the ribbon at the top of the page. Click the **“My Applications”** option in drop-down menu as shown in the image below.



- Once on the **“My Applications”** page, you will see a list of your saved applications. Under the **“Edit”** column, click on the green **“Resume”** button for the application that you want to edit. The picture below is an example.

Draft Applications						
Applicant First Name	Applicant Middle Name	Applicant Last Name	FY	Last Modified Date	Edit	Delete
Sample	S	Sample	FY18			

- When you are in the application that you would like to edit, choose the section you need to change and follow the steps for completing that section and make the necessary changes.

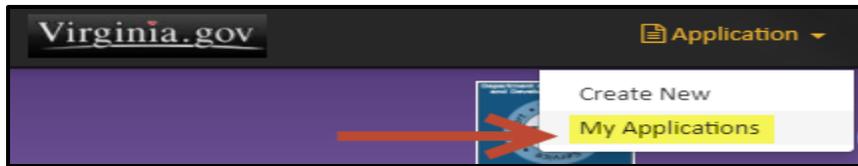
Viewing and Deleting Saved Drafts

- To view a draft application select **“Application”** from the menu on the ribbon at the top of the page. Click the **“My Applications”** option in drop-down menu as shown in the image below.
- To delete a draft application, click the red **“X”** under the table column titled **“Delete”**. This action will permanently remove this draft.
- To edit a draft application, click the green **“Resume”** button under the table column titled **“Edit”**. This action will allow you to return the draft and make any needed edits.

Draft Applications						
Applicant First Name	Applicant Middle Name	Applicant Last Name	FY	Last Modified Date	Edit	Delete
Example	e	Example	FY18	8/5/2017 9:56:24 PM		

Printing a Copy of Your Application

- To print a copy of your application, select **“Application”** on the ribbon at the top of the page and choose the **“My Applications”** option in the drop-down menu as shown in the picture below.



- Once on the “**My Applications**” page, you will see the list of your saved draft applications. Go to the **Edit** column and click on the green “**Resume**” button as shown in the image below.

Draft Applications						
Applicant First Name	Applicant Middle Name	Applicant Last Name	FY	Last Modified Date	Edit	Delete
Sample	S	Sample	FY18		Resume	

- Either click the section title or down arrow as seen below. Once the page is displayed, right-click your computer mouse and choose “**Print**”; do this for any section you would like to print.

IFSP Application Form (FY18)

Please fill in each of the sections of the form below. You must complete every section of the form before submitting.

- Click on each collapsed section header (or down arrow) to show/hide the section controls.
- Use the NEXT button in each section to validate the data in this section.

Click either highlighted item to open the section of the application form.

PART I: APPLICANT INFORMATION

PART II: RESPONSIBLE PARTY

Program Agreement

This is the last section of the IFSP application. You will need to acknowledge that you have read and understood the program requirements and to agree to the program rules. This is the final step to complete before submitting your application. This will appear as a pop-up screen.

IMPORTANT

If you are only completing a draft of your application, you will NOT SEE this section.

The pop-up is only visible when you either

1) submit an application or 2) delegate the application to a person already registered in the IFSP System.

- Read the agreement and click the box.

READ THE AGREEMENT BELOW CAREFULLY:

This is an agreement between the Applicant/Responsible Party and DBHDS. The Applicant is eligible only if the individual with an intellectual or developmental disability is residing in his own home or the family home and is on Virginia's Developmental Disability (DD) Waiver Waitlist.

Be sure to check the box to indicate that you have read the agreement.

I have read, understood and agree to the terms and conditions of the Individual and Family Support Program and affirm that all the information provided in this application is true and accurate to the best of my knowledge.

Step #4- Submitting Your Application

NOTE: The “**Submit**” function will not be available on the application until the submission period opens.

- When the IFSP submission period opens, go to your saved application(s) and select the “**Resume**” button as seen in the image below.

Draft Applications						
Applicant First Name	Applicant Middle Name	Applicant Last Name	FY	Last Modified Date	Edit	Delete
Sample	S	Sample	FY18	12/24/2018 10:00:00 AM		

- Review each section carefully to ensure you have entered everything correctly and completely.
- Read and check the acknowledgement box in the “**Program Agreement**” section of the application. Once checked, the signature box will appear.

NOTE: The signature field will not appear until you check the “**Program Agreement**” box.

- In the box, please type your name to sign the document.

I have read, understood and agree to the terms and conditions of the Individual and Family Support Program and affirm that all the information provided in this application is true and accurate to the best of my knowledge.

Please sign below by typing your name before submitting the application.

- Once completed, click the “**Submit**” button to submit the application.



- You will receive an email confirming that we have received your submitted application. The message will have your Application ID number. Please keep this number on file to use as a reference for your records and future communication.
- All applications submitted for review will be listed in the “**Signed and Submitted Applications**” section of the “**My Application**” page of the Application Portal. An example of a submitted application is pictured below.

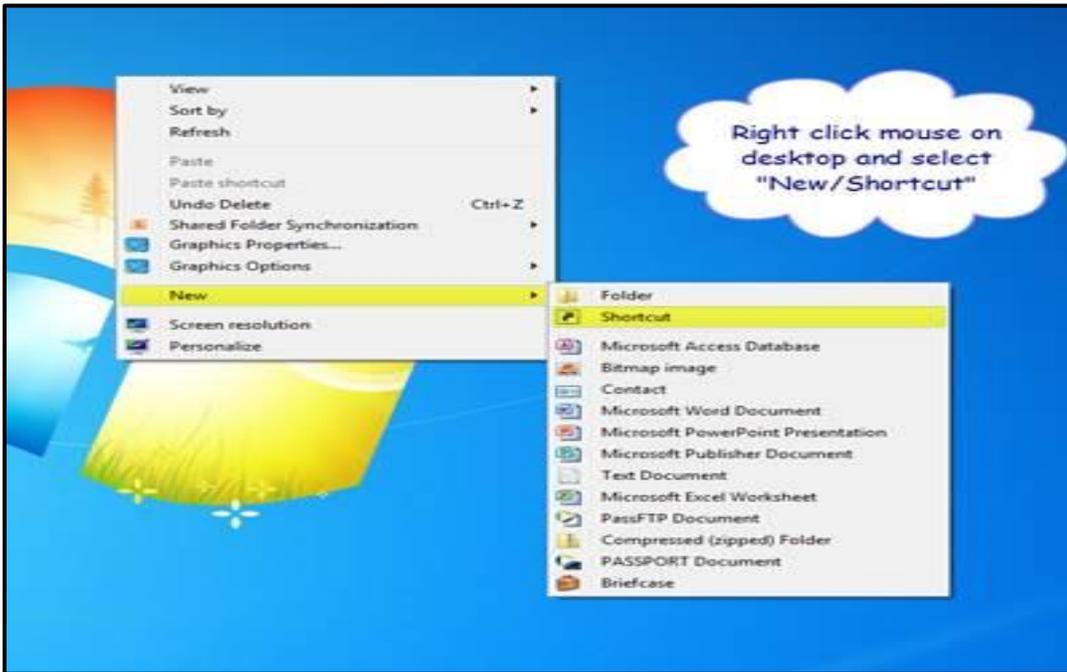
Signed and Submitted Applications				
Applicant Name	FY	Requested Amount	Status	Submitted Date
	FY18	\$100.00	Submitted : Pending	8/9/2017 5:54:23 PM

- Just like the drafted and saved applications, you will be able to view your submitted applications. However, you will **NOT** be able to make changes to the request once you have submitted it for review and approval.

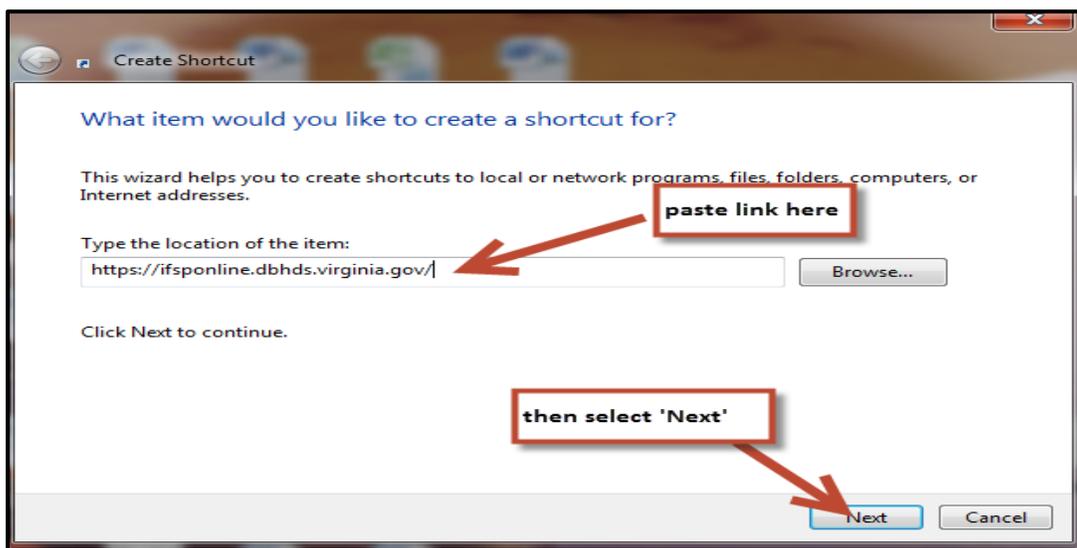
Saving the IFSP Online Website to Your Desktop

The following steps will help you save the IFSP Application Portal website to your computer desktop.

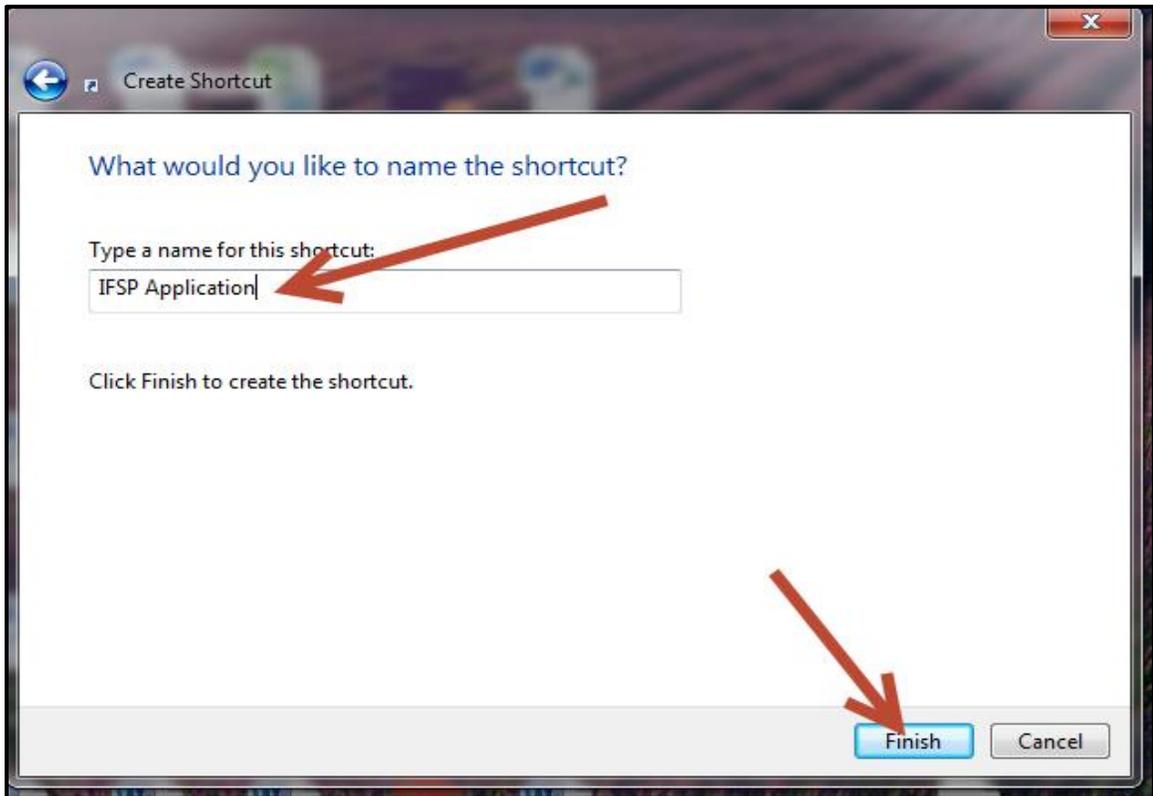
- Right click your mouse on your desktop and select **"New"** then **"Shortcut"** from the drop-down list.



- Copy and paste the IFSP link <https://ifsonline.dbhds.virginia.gov/> and click **"Next"**.



- Enter a shortcut name (ex. IFSP Application Portal) and click **“Finish”**.



- Check your desktop to verify that the newly created “Shortcut” appears. You can now double-click this “Shortcut” whenever you want to go to the IFSP Application Portal website.